

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	2/19/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	16	2/9/99
FORMALITY REVIEW	<i>[Signature]</i>	67475	2-25-99 5-3-99

INDEX OF CLAIMS

✓ ----- Rejected  
 + ----- Allowed  
 - (Through numeral) ----- Cancelled  
 + ----- Restricted  
 N ----- Non-elected  
 I ----- Interference  
 A ----- Appeal  
 O ----- Objected

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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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